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(Signature)

(Date)

PART B - FEE(S) TRANSMITTAL Mail Stop ISSUE FEE omblete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for manufacture fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 026418 7590 12/30/2004 REED SMITH, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. ATTN: PATENT RECORDS DEPARTMENT 599 LEXINGTON AVENUE, 29TH FLOOR NEW YORK, NY 10022-7650 (Depositor's name) SENT VIA EXPRESS MAIL ON MARCH 3, 2004 EV 373 418 405 US 2005 March FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. **FILING DATE** Tetsuhiko Hara 6933 10/660,882 09/12/2003 500615.20205 TITLE OF INVENTION: VALVE DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	03/30/2005
EXAMINER ·		ART UNIT		CLASS-SUBCLASS	7	
NGUYEN, TUAN N		3751		251-208000	_	
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	or more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 registered, isted, no THE PATEN data will appropriate a substitute.	pear on the patent. If an assignment. CE: (CITY and STATE OR CO	a member a member a mes of up to f no name is 3 mee is identified below, the mee is identified below, the mee is identified below.	
	e assignee category or catego		_		3 FC:8001 Corporation or other private g	30.00 OP
4a. The following fee(s) are	enclosed:	4b	. Payment of	f Fee(s):	1000000	
Issue Fee			A check in the amount of the fee(s) is enclosed.			
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Advance Order - # of Copies 10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1529 (enclose an extra copy of this form).			
5. Change in Entity Status	(from status indicated above	·)				
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Appli	cant is no longer claiming SMA	ALL ENTITY status. See 37 (CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue fee and P interest as shown by the reco	is requested to apply the Issi ublication Fee (if required) verds of the United States Pare	The Fee and Rublicate vill not be accepted and Frademark	tion Fee (if a I from anyon Office.	ny) or to re-apply any previou e other than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or	ation identified above. the assignee or other party in
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Typed or printed name _	Eugene leDonne		·	_ Registratio	n No35,930	

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